BRITISH PAEDIATRIC ASSOCIATION

Proceedings of the Thirty-sixth Annual Meeting

The Annual Meeting of the British Paediatric Association was held in Scarborough from April 21 to 24, 1965.

The following members of the Association were present:


**Corresponding Member:** R. McIntosh.


The following were present as guests of the Association: Dr. Henry Barnett, Sir George Godber, Mr. G. J. Piller, and Dr. Cicely Williams.

The following attended the meeting as guests of members of the Association:


The Annual General Meeting was held on Thursday, April 22, 1965, with the President, Professor Wilfrid Gaisford, in the chair.

The Minutes of the last meeting, which had been published in the *Archives of Disease in Childhood*, were received and approved.

**Election of Officers.** The following were elected:

- **President:** Professor R. W. B. Ellis.
- **President-elect:** Professor A. G. Watkins.
- **Honorary Treasurer:** Professor J. D. Hay.
- **Honorary Secretary:** Dr. T. E. Oppé.

**Members of Council 1965-68:** Dr. E. W. Hart,
Dr. J. B. Heycock, Professor R. G. Mitchell, Dr. B. S. B. Wood.

**HONORARY MEMBERS:** Professor Wilfrid Gaisford, Dr. Cécile Asher, Dr. E. M. Creak, Dr. V. M. Crosse, Dr. D. Taylor.

**ORDINARY MEMBERS:** Dr. Iris M. Cullum (Boston), Dr. Pamela Davies (Oxford), Dr. M. Dawkins (London), Dr. V. Dubowitz (Sheffield), Dr. Martha Dysni-Klein (London), Dr. A. W. Ferguson (Bedford), Dr. E. G. Fox (Glasgow), Dr. L. A. Hawkins (Doncaster), Dr. N. T. Jago (Truro), Dr. J. D. Kershaw (Colchester), Dr. C. S. Livingstone (Dewsbury), Dr. Joan B. T. Logan (Belfast), Dr. E. McKay (Aberdeen), Dr. N. M. Mann (Manchester), Dr. S. Mason (London), Dr. E. P. G. Michell (London), Dr. Patricia Mortimer (London), Dr. Sheenah Russell (Dumfries), Dr. W. H. Schutt (Edinburgh), Dr. C. H. M. Walker (Dundee), Dr. Patricia Wallis (London).

The Honorary Treasurer’s report and statement of accounts for 1964-65 were received and approved and the auditors reappointed for the following year.

The report of the Council was received and approved and is printed below.


1. **OBITUARIES.** The Association has suffered the loss of two Original Members—C. McNeil and A. E. Naish, J. J. Mason Brown, an Honorary Member, and A. F. Hartmann and André Thomas, Corresponding Members.

2. **DISTINCTIONS.** The Council has noted with great pleasure the distinction of a Knighthood which has been conferred on Professor Alan Moncrieff, an Honorary member and past President.

3. **COUNCIL MEMBERSHIP.** The membership of the Council during 1964-65 has been: Professor Wilfrid Gaisford, Dr. G. C. Arneil, Dr. P. T. Bray, Dr. Beryl Corner, Professor R. W. B. Ellis, Dr. J. W. Farquhar, Dr. A. A. H. Gailey, Dr. R. R. Gordon, Dr. E. W. Hart, Professor J. D. Hay, Dr. W. Henderson, Dr. B. Laurnance, Dr. T. P. Mann, Dr. A. P. Norman, Dr. T. E. Oppé, Sir Wilfrid Sheldon, Dr. R. W. Smithells, Professor O. H. Wolff, and Dr. S. Yudkin. *Observers.* The Council has been greatly indebted to Dr. Roma Chamberlain, Ministry of Health, and Dr. T. K. Whitmore, Department of Education and Science, for their assistance to Council.


5. In addition to receiving reports from Standing and sub-committees, the following matters were considered:

6. **POLICY MATTERS CONCERNING INTERNAL ADMINISTRATION OF ASSOCIATION.**

7. **RESIGNATIONS.** Council has received resignation from membership from Dr. F. F. Kane, Dr. D. N. Nicholson, Dr. M. Capes, and Dr. T. N. Fisher.

8. **Heinz Fellows of the British Paediatric Association.** Dr. A. E. Dugdale (Brisbane), Mr. A. MacKellar (Perth), and Dr. P. T. Wei (Hong Kong) have been awarded “A” Fellowships for 1965 and will be attending the Annual Meeting at Scarborough.

9. **James Spence Medal.** The James Spence Medal for 1965 has been awarded to Dr. Cicely Williams in recognition of her outstanding contributions in the field of tropical paediatrics. Dr. Williams will be the guest of the Association at Scarborough and the medal will be presented at the Annual Dinner.

**Rules of the Association.** Council has given consideration to the problems of overseas membership, Honorary membership, and representation on Council. Certain alterations to the Rules of the Association are proposed by Council and will be included on the agenda of the Annual General Meeting.

**Faculty of Paediatrics or Academic Body.** Arising from a memorandum from Professor Hubble and a recommendation from the Standing Committee on Education, Council has on several occasions discussed the possible establishment of an academic body. At the February meeting Council accepted the desirability of establishing an academic body within the framework of the Association to be responsible for matters relating to paediatric education and the advancement of paediatric knowledge. Professor R. W. B. Ellis, Professor D. V. Hubble, and Dr. T. E. Oppé are members of a working party which is considering the detailed functions of an academic body; an appropriate title; the integration of the body within the administrative framework of the B.P.A.; the cost of maintaining such a body; and ways in which the cost can be met. Council awaits a further report of the working party and will keep members informed on the progress of this scheme.

**Special Committee on Medical Education of the General Medical Council.** The Association has been invited to submit a memorandum on the place of paediatrics in the undergraduate curriculum, in preregistration house appointments, and postgraduate education.

Council believes that this is one of the most important matters that have arisen in recent years and has set up a special *ad-hoc* sub-committee to consider the matter and to prepare a memorandum. The President, Dr. F. S. W. Brimblecombe, Dr. E. W. Hart, Professor J. D. Hay, Professor D. V. Hubble, Professor J. H. Hutchison, Dr. B. M. Laurnance, Dr. T. E. Oppé (Secretary), Dr. R. C. MacKeith, and Dr. G. Neligan have been invited to serve.

Council has chosen the topic ‘Paediatrics in the undergraduate curriculum’ for the evening discussion at Scarborough.

Dr. T. E. Oppé will be glad to hear from any members wishing to communicate with the *ad-hoc* sub-committee (Dr. T. E. Oppé, Paediatric Unit, St. Mary’s Hospital, London W.2).

**Memoranda Published by the Association.** Council has decided that members should be provided with a list of the memoranda which have been produced by the Association during the past five years. This will be sent out with the handbook each year.

7. **DISCUSSIONS WITH THE MINISTRY OF HEALTH.**

**Medical Statistics of the Ministry of Health.** The first census of children and adolescents in hospital on June 24, 1964, is still being analysed by the Ministry statisticians. The date for the second census will not be decided until the first analysis has been completed.

**Conference on Maternity Services.** At the invitation of the Chief Medical Officer, the Association was
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represented by Sir Wilfrid Sheldon and Dr. F. S. W. Brimblecombe at a discussion on the Maternity Services. There was full discussion of the implications of 48-hour discharge and the possible increase in children's ward admissions which might result from this. Representatives were made to the Ministry requesting that paediatricians should be included in any discussions when a 48-hour discharge scheme was considered in an area.

Care of Children with Meningomyeloceles. Sir George Godber wrote to the President expressing concern on this problem and inviting the Association to nominate representatives to serve on a committee to consider this matter. Dr. R. W. Smithells and Dr. R. H. Forrester represented the Association and reported that the meeting had been useful and that the Ministry recognized the size and extent of the problem and believed that the best solution was the establishment of existing facilities. The problem of how this could best be done had been referred to the Standing Medical Advisory Committee of the Ministry, and further information as to their decisions was awaited.

Notification of Infectious Disease. The Ministry sought the opinion of the Association regarding the desirability of continuing notification of ophthalmia neonatorum. The Council decided to advise that notification of ophthalmia neonatorum was unnecessary; that the regulations should be amended; and that notification should be confined to cases of gonococcal ophthalmia.

Senior Registrar Establishment—Platt Review Committee Report. On the invitation of the Royal College of Physicians, the President and the Honorary Secretary attended a meeting at the Ministry of Health to consider the Senior Registrar establishment in paediatrics. The establishment was reviewed in the light of vacancies due to death, retirement, and the creation of new consultant posts advocated in the Platt Review Committee Report. The total increase in the Senior Registrar establishment recommended to fill these vacancies appeared to be three or four extra posts.

Safety Measures in Nursing Children in Hospital. Following the death of two children attributed to the use of restrainers, the Ministry called a meeting to consider safety measures in the nursing of children in hospital, with especial reference to the use of restrainers. Dr. Trevor Mann and the Secretary represented the Association. A draft report of the recommendations drawn up by the Committee was submitted to Council and approved. The Ministry will publish the memorandum. Further meetings will be held to consider the design of beds and cots for use in children's units.

'Battered Baby' Syndrome. Sir George Godber wrote to the President saying that he had been informed that the Accidents in Childhood Committee was to consider the problem of 'the battered baby'. Sir George offered the fullest co-operation of the Ministry in this matter. This offer was gratefully received and referred to the Accidents in Childhood Standing Committee to assist in their consideration of the problem.

8. STANDING COMMITTEES OF THE ASSOCIATION.

Mental Health—No report.

Nursing. The General Nursing Council has inform-
9. **AD-HOC COMMITTEES.**

**Hypercalcaemia Sub-committee.** The report of the Committee has been published in the *British Medical Journal* (June 27, 1964, 1, 1659-1661).

**Ad-hoc Sub-committee on Register of Handicapped Children in Scotland.** The Principal Medical Officer, Scottish Department of Home and Health, invited the Association to submit comments on his proposed scheme for a Register of Handicapped Children. Council invited the Professors of Child Health in Scotland to submit a memorandum. This was gratefully acknowledged by the Principal Medical Officer who then asked whether a Scottish Committee was available for the direct reference of such problems. It is from this concept that the Standing Committee for Scotland has grown.

10. **REPRESENTATIVES OF THE ASSOCIATION ON OTHER BODIES.**

**British Committee for the Scientific Study of Mental Deficiency.** Professor J. P. M. Tizard has resigned and has been replaced by Dr. G. Komrower.

**National Bureau for Co-operation in Child Care.** Dr. A. White Franklin has been appointed as the representative of the Association.

**Medical Commission on Accident Prevention.** Dr. V. Smallpiece represents the Association.

11. **CORRESPONDENCE WITH OTHER ASSOCIATIONS OR OFFICIAL BODIES.**

**Mother Care for Children in Hospital Committee.** Correspondence has been exchanged with the M.C.C.H. Committee concerning the visiting of children in hospital, and paediatric teaching.

**Central Midwives Board—Definition of the Lying-in Period.** The Central Midwives Board has been undertaking a revision of its rules and has requested the opinion of the Association regarding its definition of the lying-in period. Council submitted comments on the draft definition and expressed the hope that the term 'lying-in period' would give place to 'postnatal period' as quickly as legislation permitted. 'The suggested definition which was put forward was: 'Lying-in period (or postnatal period) means a period after the end of labour during which the continued attendance of the midwife in the interests of the mother and child is necessary.'

**General Register Office—Modification of Death Certificate in the Perinatal Period.** The Registrar General set up a small committee to consider whether the death certificate in the perinatal period could be modified to give more information. The Association was invited to nominate a representative, and Dr. N. Butler was appointed to serve. No report is yet available.

**Medical Examination for Adoption.** Dr. Everley Jones asked Council to reconsider the problem of the medical examination of children for adoption. Professor Illingworth raised the question of the necessity for serological tests for syphilis in children who were to be adopted. Council considered these problems and learnt that the National Conference of Societies Registered for Adoption had a medical sub-committee (which included three B.P.A. members) which was considering these problems. An exchange of correspondence with the National Conference of Societies Registered for Adoption led Council to decide to defer further consideration of these problems until the report of the medical sub-committee was available.

**Play Needs of Children in Hospital.** The Save the Children Fund has set up a committee to consider the play needs of children in hospital. Dr. D. Morris has represented the Association at a preliminary meeting.

12. **OTHER MATTERS CONSIDERED BY COUNCIL.**

**Visit to Finland.** Twenty members of the Association were the guests of the Finnish Paediatric Association in August 1964, and visited Helsinki and Turku. The Association presented a Visitors Book to the Finnish Paediatric Association as a memento of a memorable visit and wonderful hospitality.

**Children's Medical and Surgical Center, Baltimore.** Dr. A. White Franklin represented the Association at the dedication exercises of the Center and presented a Visitors Book as a gift from the Association.

**International Paediatric Association.** Bulletins from the I.P.A. have been circulated to all members and information concerning the International Paediatric Congress in Tokyo.

**Donald Paterson Prize Essay.** The Prize Essay for 1966 has been advertised in the medical press. Members are reminded to bring this to the notice of possible candidates.

Council recommended alterations to the Rules of the Association as follows:

**Rule 2.** Council proposed that the rule shall be amended to read: 'It shall consist of Ordinary Members, Honorary Members and those Corresponding Members appointed before 1962. Ordinary Members at the time of nomination shall be actively engaged in the practice or teaching of paediatrics or in paediatric research. In addition individuals who have contributed to the advancement of paediatrics in the allied specialties may be nominated for Ordinary Membership, but election of these will be on a restricted basis and maintain a balance between the specialties. Nominations for election to Honorary Membership shall be restricted to Ordinary Members on their retirement, and to individuals in the United Kingdom or Overseas, whom the Association wishes to honour. Retirement from active practice shall not debar an individual from continuing as an Ordinary Member of the Association.'

**Rule 3.** Council proposed the following addition to the rule: 'Observers from the Ministry of Health and such other bodies as Council may from time to time deem advantageous shall be invited to attend meetings of Council and Annual General Meetings.'

**Rule 4.** Council proposed that the last paragraph shall be altered to read: 'No candidate may be proposed for election to these offices unless his or her name, duly proposed and seconded, has been submitted to the Secretary at least three months before the Annual Meeting.'

**Rule 11.** Council proposed that in paragraph 3 '... to the Secretary before the Annual Meeting' shall be altered to '... to the Secretary at the Annual Meeting' and that 'Scrutineers shall be appointed by the General Meeting'...
shall be altered to 'Scrutineers shall be appointed at the General Meeting'.

**Rule 12.** Council proposed that the first line shall be altered to read: 'Scientific communications should be spoken . . .'

**Rule 14.** Council proposed that 'Their names shall be entered in a book provided for the purpose' shall be changed to read 'Their names shall be entered on the attendance sheets provided for the purpose'.

**Rule 16.** Council proposed that Rule 16 shall be deleted from the Rules of the Association.

These alterations were approved by the meeting.

The President then declared the Annual General Meeting closed.

**Scientific Sessions**

Scientific Sessions were held in the Royal Hotel, Scarborough, on April 22 and 23 and the following communications were presented:

A. W. WILKINSON (London). 'Giant Haemangio-lymphangioma.' In this condition there is at birth extensive enlargement of one or more limbs and sometimes part of the trunk due to a congenital obstruction of lymphatic drainage. The subcutaneous tissue is largely replaced by fibrous tissue surrounding cystic spaces filled with lymph. This is associated with haemangiomatous staining of the skin. The enlargement of the limb is progressive and may be associated with excessive growth in length of the bones in the affected area.

The clinical features, histological appearances, and surgical management were described and illustrated.

C. H. M. WALKER, introduced by PROFESSOR J. L. HENDERSON (Dundee). 'Partial Perfusion for Neonatal Respiratory Distress.' A system has been devised for partial perfusion of newborn infants with respiratory distress. Extracorporeal flow and volume are regulated by a weight-servo electronic control so that the patient is maintained at ± 5 g. of the starting body-weight. The data from 97 puppy experiments demonstrate the value of careful weight control, accurate pre-perfusion temperature, and biochemical monitoring. Histological sections reveal the importance of haemodilution of the perfusate blood. This system has proved capable of sustaining life in totally apnoeic infants and of providing well-controlled haemodialysis in newborn infants with renal failure.

D. M. T. GAIRDNER (Cambridge). 'Acid-base Changes Following Exchange Transfusion with Citrated Blood.' The electrolyte in A.C.D. blood consists of 2 parts of trisodium citrate to 1 part of citric acid, and forms a buffered system with a blood pH of about 6.7. Transfusion therefore leads to (1) an immediate metabolic acidosis, which is followed by (2) a metabolic alkalosis as the citrate is metabolized to bicarbonate. The rates at which these two effects operate vary in different babies, and determine how severe is the acidosis that develops initially, and at what stage acidosis is replaced by alkalosis.

The blood pH, Pco₂, bicarbonate, and citrate levels were measured in 17 babies during and following exchange transfusion. There was a marked difference in the handling of citrate between babies of less than 1 day old, who tended to develop a more or less severe metabolic acidosis, and those of a few days old, who metabolized citrate fast enough to neutralize the citric acid transfused.

After transfusion a marked alkalosis developed in all the babies, which was sustained for at least 3 days. The correction of this alkalosis could be hastened by adding NaCl to the feeds, showing that the slow correction was partly due to the low C1 intake of babies fed milk. Adding NH₄Cl to feeds further hastened the correction of the alkalosis.

The practical implications of both the initial acidosis and the later alkalosis were discussed.

B. J. LEONARD, introduced by DR. B. M. LAURANCE (Derby) 'White Cell Alkaline Phosphatase in the Developing Foetus.' Because of the consistently low or absent activity of alkaline phosphatase in the neutrophils in myeloid leukaemia, the development of this enzyme in the white cells in the foetus and in the newborn has been investigated. The results of a cytochemical technique for demonstrating this enzyme have been made in 84 normal adults, 59 full-term infants, and 239 premature infants as young as to the 27th week. Normal full-term infants have values from 4-9 times the normal adult level. The same high phosphatase activity was seen in prematurity, the enzyme appearing very early in intrauterine life. Approximately 15% of normal full-term infants and 15% of premature infants do not show this increase in white cell alkaline phosphatase activity. Some of these develop jaundice in the newborn period and require replacement transfusions. This jaundice is not associated with any blood group incompatibility between the mother and infant but is always associated with an absence or considerable reduction in white cell alkaline phosphatase activity. The values are as low as in leukaemic white cells.

These findings are compared with the white cell alkaline phosphatase activity in collagen disorders, pregnancy, and following the administration of steroids in normal and leukaemic patients.

A. MACKELLAR (Perth, Western Australia), Heinz Fellow. 'Mycobacterial Lymphadenitis in Childhood.' A study was made of approximately 32 patients with the following aims. (a) To show that in Western Australia, as in many other countries, mycobacterial lymphadenitis in childhood is due mainly to anonymous strains. (b) To describe the clinical features, histology, and bacteriology, with special reference to the value of double Mantoux testing. (c) To discuss the management.

CICELY D. WILLIAMS (London). 'Populations and Paediatrics.' Problems of over-population are attracting a great deal of attention both in the developed and in the less-developed countries. There is some danger that by reducing the birth rate many people will believe that malnutrition is reduced, and that the quality of a population is thereby automatically improved.

More attention to the social aspects of paediatrics will enable paediatricians and other doctors to advise governments and communities with respect to policies in child care.

R. H. JACKSON (Newcastle upon Tyne). 'Tuberculous Sclerosis in Childhood.' In recent years 12 children have been diagnosed in the Department of Child Health,
Newcastle, as having tuberous sclerosis. In addition, an
assessment has been made of all cases occurring in
children throughout the region. The main clinical
features are described: these include convulsions, mental
retardation, enlarged kidneys, phakomata in the fundi,
and skin lesions. Illustrations of the eye and skin
lesions will be shown. Tuberous sclerosis is not common-
ly diagnosed in childhood, and it is felt that a wider
knowledge of its clinical presentation in infancy and early
childhood would lead to earlier and more frequent
diagnosis.

G. PAMPIGLIONE, introduced by DR. A. E. CLAIREAUX
(London). ‘Some Neurophysiological and Neuropathol-
ogical Observations in ‘Infantile Spasms’.’ The reports
on the post-mortem findings in patients with the syndrome
of infantile spasms are few. Fewer still are the patients
in whom an adequate clinical and neurophysiological
documentation could be carried out during the course of
the disease. The present contribution is based on
observations made on 9 children who had been admitted
to The Hospital for Sick Children and whose brains
became available for post-mortem examination. No
lesions could be recognized in 3 patients. The possible
relationship of the gross lesions found in the remaining 6
was discussed in relation to some of the neurophysi-
ological findings.

M. LAURENCE, introduced by PROFESSIONAL A. G. WATKINS
(Cardiff). ‘Survey of Major Central Nervous System
Abnormalities in South Wales.’ Exhaustive ascertainment
of all the cases of major central nervous system
malformation (anencephaly, spina bifida, cranium
bifidum, and congenital hydrocephalus) that occurred in
the South Wales mining valleys and the Vale of Glamorgan
between 1956 and 1962 showed the area to have probably
the highest central nervous system malformation rate in
the world with 10 per 1,000 births. There were in
addition very marked local differences in the incidence
between 3/1,000 and 14/1,000 births. In order to find the
possible factors responsible for these variations and
therefore perhaps their causes, and to obtain some
gene tic and family risk data, the affected families and
their controls were interviewed. Some of these results,
and the implications for the community, were presented.

E. M. CREAK (London). ‘Some Aspects of Mental
Handicap Studied in the ‘Thousand Families Survey’.
Observations recorded for 15 years on randomly selected
children (The Thousand Families survey) should provide
information likely to aid our understanding of mental
subnormality. These records were, therefore, scanned for
severely subnormal children (3), children in E.S.N.
schools (10), and a group of 20 others whose level of
intelligence, tested within the survey, seemed no higher
than that of the 10 in E.S.N. schools.

Particular attention was directed towards the early
developmental history. Findings suggest that mental
subnormality, sufficient to cause severe school difficulty,
may not be manifest until the demands created by school
attendance bring it to light. Reasons for this and the
outcome to date in these three groups of children were
discussed.

R. H. R. WHITE, introduced by DR. P. R. EVANS
(London). ‘The Pathology of the Nephrotic Syndrome.’
Percutaneous renal biopsy has been performed on 60
diabetic children with the nephrotic syndrome during the past two
years. Lesions seen by optical microscopy have been
classified as proliferative and non-proliferative, and
divided according to severity into grades I (minimal
changes), II (moderate), and III (severe). Specimens from some patients in grades II and III show features
suggesting a post-streptococcal aetiology. Macroscopic
haematuria, hypertension, and azotaemia at the time of
onset have little diagnostic significance but, with one
exception, macroscopic haematuria only occurred in
grade III patients, in which it was associated with renal
insufficiency. Proteinuria is less selective with prolifera-
tive than non-proliferative lesions and is least selective in
grade III patients.* Grade I patients generally respond
to steroid therapy, grade II patients more often show
residual proteinuria, and grade III patients respond
poorly. Of 18 patients who had repeat renal biopsies, 6
out of 7 with persistent proteinuria had static or pro-
gressive lesions.

E. TEMpany, introduced by DR. A. P. NORMAN
(London). ‘Pepic Ulceration in Childhood.’ Peptic
tulceration in childhood is a subject that has received
scant attention in the past. During the past decade
approximately 50 cases have been seen at The Hospital
for Sick Children. In these the diagnosis has been made
either by radiological evidence of ulceration, or in some
cases, in infancy, the diagnosis was made at necropsy.
In this latter group histological evidence confirmed that
the ulceration was neither terminal nor resulted from
autolysis.

The case notes were reviewed with reference to family
history of peptic ulceration, the duration and severity of
symptoms, and the response to treatment.

SIR GEORGE GODBER (London). ‘The Development of
Paediatric Services.’

GEORGE FREDERIC STILL MEMORIAL LECTURE. The
lecture was delivered on April 22 by Dr. Henry Barnett
(New York). ‘Paediatric nephrology: the scientific study of
the kidneys and their diseases in infants and young
children.’

EVENING DISCUSSION. A discussion on ‘Paediatrics in
the undergraduate curriculum’ was held on the evening
of Thursday, April 22. The topic was opened with papers
by Dr. John Apley, Dr. A. White Franklin, and Professor
J. H. Hutchison, and followed by general discussion.

The Ulster Cup competition was held at Ganton Golf
Club on Friday, April 23, and was won by Dr. B.
McNicholl.

The Annual Dinner was held on the evening of Friday,
April 23, with the President, Professor Wilfrid Gaisford,
in the chair. The James Spence Medal for 1965 was
presented to Dr. Cicely Williams.

* Cameron, J. S., and White, R. H. R. (1965). Lancet, 1,
463.